# SOME FORMS MAY CONTAIN INFORMATION THAT IS PROTECTED FROM RELEASE UNDER THE FREEDOM OF INFORMATION ACT

THIS IS PART OF A LIMITED USE NAVAL AIRCRAFT INVESTIGATION REPORT
THIS FORM CONTAINS ONLY NON-PRIVILEGED INFORMATION AND SHOULD BE PLACED IN
PART A OF THE MISHAP REPORT

### DO NOT ATTACH THIS FORM TO A JAG INVESTIGATION

On flight Status (circle): YES NO B. Injury Classn:										
Days Hospitalized:	General:									
Days Hospitalized:	. On flight Status	: (circle	) · YES	NO B	Tniurs	, Classr	١.			
Days Medically Grounded:	. On filghe beatus L. Days Hospitalize	. (CIICIC)	, . 185							
Duration:   (days/hours/mins/secs)   (days/h	. Days Medically G	rounded:				scions	circ	 le) YE	S NO	
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See additional sheets if necessary   Code   Class						(da	ays/h	ours/m	ins/se	ecs)
See additional sheets if necessary   Code   Class	. Injuries Incurre	ed During	Mishap	:				ICD	Ιı	njurv
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SOME FORMS MAY CONTAIN INFORMATION THAT IS PROTECTED FROM RELEASE UNDER THE PRIVACY ACT

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5.	Pre-existing	Diseases	and	Diseases	/Effects	Present	at	Time	of	Misha	o:

5. Pre-existing Diseases and Diseases/Effects Present at Time of Mishap:							
DIAGNOGIG		iscovery	Method (	Waivers as applicable			
DIAGNOSIS	Ann Phys	Sick Call	Autopsy	Other	Authority	Date	
Smoking Data: Smoker? (	circle)	: YES 1	NO	_# PACK	S PER DAY		
AFIP PA	THOLOGI	ST CIV	ILIAN PATH	OLOGIST		N	
Injury Profile: mark or	draw i	njury p	rofile on	diagram	on page 3		
Comments/Remarks:							
	DIAGNOSIS  Smoking Data: Smoker? (  Autopsy Data: Conducted	DIAGNOSIS  Ann Phys  Smoking Data: Smoker? (circle)  Autopsy Data: Conducted by/in AFIP PATHOLOGI OTHER MILITARY  Injury Profile: mark or draw in	DIAGNOSIS  Ann Sick Phys Call  Smoking Data: Smoker? (circle): YES I  Autopsy Data: Conducted by/in Presence AFIP PATHOLOGIST CIVE OTHER MILITARY PATHOLOGIST	DIAGNOSIS  Ann Sick Autopsy Phys Call  Smoking Data: Smoker? (circle): YES NO  Autopsy Data: Conducted by/in Presence of (circle) AFIP PATHOLOGIST CIVILIAN PATHOTHER MILITARY PATHOLOGIST OTHE  Injury Profile: mark or draw injury profile on	DIAGNOSIS  Ann Sick Autopsy Other Phys Call  Smoking Data: Smoker? (circle): YES NO# PACK  Autopsy Data: Conducted by/in Presence of (circle each AFIP PATHOLOGIST CIVILIAN PATHOLOGIST OTHER MILITARY PATHOLOGIST OTHER  Injury Profile: mark or draw injury profile on diagram	Discovery Method (X) Waivers as applicable  Ann Sick Autopsy Other Authority  Phys Call  Smoking Data: Smoker? (circle): YES NO# PACKS PER DAY  Autopsy Data: Conducted by/in Presence of (circle each applicable):	

Instructions for Completion of SIR Enclosure Form 03

- 1. Submit this form for each person who was injured or otherwise had a relevant medical finding.
- 2. General part 1: Flight Status, circle YES if on flight orders regardless of actual participation in mishap; otherwise, circle NO. Injury Classn, insert injury classification in accordance with Chapter 3 of OPNAVINST 3750.6R. Days Medically Grounded, for flight status personnel who are grounded, include day of mishap, but not day of return to flight status.

(continued on page 4)

Name:	Mishap Severity:
Duty/Title:	Mishap Category:
Date of Mishap:	Aircraft Model:
Reporting Custodian:	BUNO:

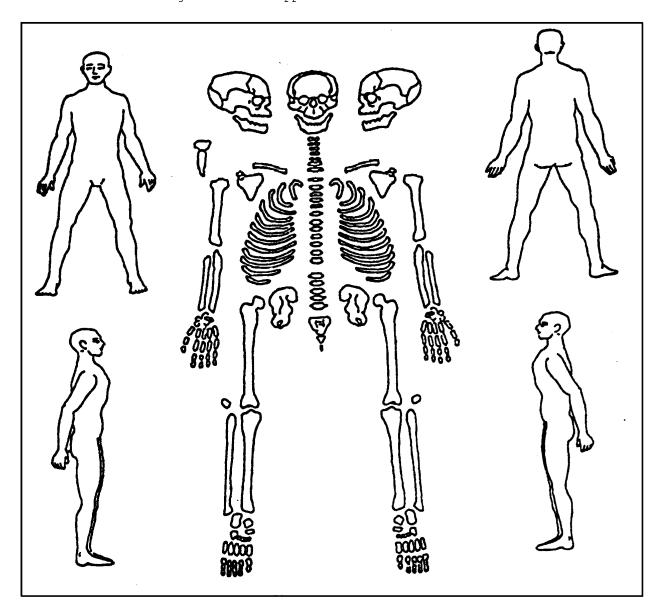
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## Injury Profile

Mark or draw injuries where applicable



Name:	Mishap Severity:
Duty/Title:	Mishap Category:
Date of Mishap:	Aircraft Model:
Reporting Custodian:	BUNO:

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3. Injuries Incurred During Mishap part 2: List Injuries in decreasing order of severity. In fatal cases, list primary cause of death first. Use standard medical terminology for body parts and diagnosis, and insert ICD code which most nearly describes injury in column provided. Indicate the estimated injury severity of each injury as if no other injury were present, using OPNAVINST 3750.6R. For "cause", briefly and specifically describe the mechanism of injury, e.g., "Hyperflexion, due to ejection. Indicate external factors which affected mechanism of injury only if those factors can be established with a reasonable degree of confidence, and describe means for establishing that confidence, i.e., "paint from seat found on helmet", "aircrew statement", "rescuer's statement", etc. In the event more than three injuries were sustained, list the remaining injuries on additional sheets. List all injuries (little things are important). Do not simply state "injuries multiple extreme" for fatalities.

### Example:

Body Part	Lumbar Spine L-3	
Diagnosis	Small uncomplicated antierior compression	
	Fx	
Specific Cause	Hyperflexion due to ejection forces	

- 4. Lab Tests part 3: Retain aliquot of frozen serum and urine at least 90 days for future use/verification. Elapsed Time, indicate time in hours and minutes from time of mishap to time specimen obtained. For all abnormal lab values, provide an explanation. State in the Aeromedical Analysis (AA) whether results were significant or not to the mishap. WNL? = Within Normal Limits.
- 5. X-RAY Results part 4: Spinal x-rays are required following all ejections/bailouts, crashes or as clinically indicated. Attach copy of x-ray reports to this form.
- 6. Preexisting Diseases/Defects part 5: List all known preexisting diseases/ defects and diseases/defects present at time of mishap. Include all defects listed in BLOCK 74 OF S.F. 88. such as defects of vision, hearing, etc.
- 7. Autopsy part 7: Circle as many selections as are applicable. Do not submit the SIR without the results of all toxicology, pathology and other studies. However, do not delay SIR submission because the results of formal reports are known, but the report is not yet available. Instead, Summarize the results in the SIR and forward the formal reports when they become available.
- 8. Injury part 8: Supplement Injury Profile diagram with photographs where possible. Attach additional sheets, as required. Send photos only to Naval Safety Center. Specify exact location of injuries, abrasions, amputations, burns (and degree), contusions, fractures and dislocations, etc. on the included diagram.
- 9. Comments/Remarks part 9: Use for listing additional injuries, laboratory values, or any other information considered germane to the investigation. Attach additional sheets as required. Do not include privileged information.

Name:	Mishap Severity:
Duty/Title:	Mishap Category:
Date of Mishap:	Aircraft Model:
Reporting Custodian:	BUNO: